Date May 26, 2010

|  |                          |             |          | spond to a collection of information unless it displays a valid OMB control number  Complete if Known |      |            |                 |                       |  |
|--|--------------------------|-------------|----------|---|------|------------|-----------------|-----------------------|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).   |                          |             |          |   |      |            |                 | Conf. No.: 8403       |  |
| FEE TRANSMITTAL  |                          |             |          | Application Num   | iber | -          | COIII. 140 0403 |                       |  |
| For FY 2009  |                          |             |          |   |      | June 22, 2 |                 |                       |  |
|  |                          |             |          |   |      | Yuhji AND  |                 |                       |  |
| Applicant claims small entity status. See 37 CFR 1.27  |                          |             |          | Examiner Name D. BERNS  |      |            | TEIN            |                       |  |
|  |                          |             |          | Art Unit  |      |            |                 |                       |  |
| TOTAL AMOUNT OF PAYMEN   | NT (\$)                  | 810.00      |          | Attorney Docket   | No.  | 2936-0278  | PUS1            |                       |  |
| METHOD OF PAYMENT (check all that apply)   |                          |             |          |   |      |            |                 |                       |  |
| Check Credit Card Money Order None Other (please identify):  |                          |             |          |   |      |            |                 |                       |  |
| Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:  |                          |             |          |   |      |            |                 |                       |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |                          |             |          |   |      |            |                 |                       |  |
| ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee   |                          |             |          |   |      |            |                 |                       |  |
| Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments   |                          |             |          |   |      |            |                 |                       |  |
| under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card |                          |             |          |   |      |            |                 |                       |  |
| information and authorization on PTO-2038.   |                          |             |          |   |      |            |                 |                       |  |
| FEE CALCULATION  |                          |             |          |   |      |            |                 |                       |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES   |                          |             |          |   |      |            |                 |                       |  |
| ļ  | S                        | mall Entity |          | Small Entity  |      | Small      | Entity          |                       |  |
|  | ee (\$)                  | Fee (\$)    | Fee (\$) | Fee (\$)  | Fee  |            | : (\$)          | Fees Paid (\$)        |  |
| Utility  | 330                      | 165         | 540      | 270   | 22   | 0 11       | 0               |                       |  |
| Design 2   | 220                      | 110         | 100      | 50  | 14   | 0 7        | 0               |                       |  |
| Plant  | 220                      | 110         | 330      | 165   | 17   | 0 8        | 5               |                       |  |
| Reissue  | 330                      | 165         | 540      | 270   | 65   | 0 32       | 5               |                       |  |
| Provisional  | 220                      | 110         | 0        | 0   |      | 0          | 0               |                       |  |
| 2. EXCESS CLAIM FEES  Small Entity Fee (\$) Fee (\$)   |                          |             |          |   |      |            |                 |                       |  |
| Fee Description Each claim over 20 (including Reissues)  |                          |             |          |   |      |            | 52              | <u>Fee (\$)</u><br>26 |  |
| Each independent claim over 3 (including Reissues)   |                          |             |          |   |      |            | 220             | 110                   |  |
| Multiple dependent claims  |                          |             |          |   |      |            | 390             | 195                   |  |
| Total Claims   |                          |             |          |   |      |            | ultiple Dep     | endent Claims         |  |
| 3 - 20 or HP =   | 0                        | _ x         | =        | 0.00  |      | <u> </u>   | Fee (\$)        | Fee Paid (\$)         |  |
| HP = highest number of total clai  | ms paid foi<br>tra Claim |             | Fee      | Paid (\$)   |      |            |                 |                       |  |
|  | 0                        |             | -        | 0.00  |      |            |                 |                       |  |
| HP = highest number of independent claims paid for, if greater than 3.   |                          |             |          |   |      |            |                 |                       |  |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer                       |                          |             |          |   |      |            |                 |                       |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50  |                          |             |          |   |      |            |                 |                       |  |
| sheets or fraction thereof. See 35 II S.C. 41(a)(1)(G) and 37 CFR 1.16(s).   |                          |             |          |   |      |            |                 |                       |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = 0 / 50 = 0 (round up to a whole number) x = 0.00                              |                          |             |          |   |      |            |                 |                       |  |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)   |                          |             |          |   |      |            |                 |                       |  |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) 810.00   |                          |             |          |   |      |            |                 |                       |  |
| SUBMITTED BY   |                          | <i>~</i>    |          |   |      |            |                 |                       |  |
| Registration No. 30491   |                          |             |          |   |      |            | Telephone       | ₹ 703-205-8000        |  |
| Signature (veg # 40, 4/7) (Attorney/Agent) 33431   |                          |             |          |   |      |            | Date May        | .00.0040              |  |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Michael R. Cammarata